

SECRET

Approved For Release 2006/11/13 : CIA-RDP75-00399R000100110071-7

REPORTS INVENTORY				CONTROL NO. DDS/OF-137													
PREPARE IN DUPLICATE																	
1. TITLE OF REPORT (if a fill-in report include Form No.) 25X1 Customer Furnished Equipment 				2. TYPE OF REPORT <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;"><input checked="" type="checkbox"/></td> <td>STATISTICAL</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>NARRATIVE</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>MACHINE-NAME LISTING</td> </tr> </table>		<input checked="" type="checkbox"/>	STATISTICAL	<input type="checkbox"/>	NARRATIVE	<input type="checkbox"/>	MACHINE-NAME LISTING						
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3. FUNCTIONAL AREA		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;"><input checked="" type="checkbox"/></td> <td>PERSONNEL</td> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td>TRAINING</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>LOGISTICS</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>SECURITY</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>MEDICAL</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>FINANCE</td> </tr> </table>		<input checked="" type="checkbox"/>	PERSONNEL	<input type="checkbox"/>	TRAINING	<input checked="" type="checkbox"/>	LOGISTICS	<input type="checkbox"/>	SECURITY	<input type="checkbox"/>	MEDICAL	<input checked="" type="checkbox"/>	FINANCE	ADMIN. GENERAL OTHER (specify)	
<input checked="" type="checkbox"/>	PERSONNEL	<input type="checkbox"/>	TRAINING														
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4. NO. OF COPIES PREPARED 2		5. FREQUENCY (weekly, monthly, quarterly, etc.) Approx. Quarterly		6. DISTRIBUTION (No. of components not number of copies) 2													
7. FORMAT (memorandum, form computer print-out, etc) Memorandum		8. ADP PROCESSING <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td>YES</td> <td>IF YES GIVE ADP PROCESSING NO.</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>NO</td> <td></td> </tr> </table>		<input type="checkbox"/>	YES	IF YES GIVE ADP PROCESSING NO.	<input checked="" type="checkbox"/>	NO		9. DIRECTIVE AUTHORITY REQUIRING REPORT Ref. C of Log Annex 25X1 Revised 1 July 68, para 2 A (4)							
<input type="checkbox"/>	YES	IF YES GIVE ADP PROCESSING NO.															
<input checked="" type="checkbox"/>	NO																
10. PREPARING COMPONENT (include lowest level contributing information to report) 25X1 SOD/Logistics 		11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)															

12. COST FACTORS					
A. MANUAL PREPARATION AND REVIEW COSTS					
GRADE	HOURLY RATE	<input checked="" type="checkbox"/> HOURS PER REPORT	= COST PER REPORT	<input checked="" type="checkbox"/> TIMES PREPARED	= COST PER YEAR
GS-13	\$8.60	4	\$ 34.40	4	\$ 137.60
B. COSTS OF COMPUTER PRODUCED REPORTS					
TOTAL COSTS PER YEAR					\$ 137.60

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

Requirement established by Logistics Annex 25X1

Administrative Plan.